

**Retired Faculty and Staff Association Membership**

**Annual Member Dues and News Form**

**(Complete this form to join or renew an annual membership in RFSA)**

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Check here if you **do not** have email and need to have newsletters mailed to you.

Year you began at Cal Poly \_\_\_\_\_ Position/Department \_\_\_\_\_

Faculty       Staff      Year Retired \_\_\_\_\_ Today's Date \_\_\_\_\_

**Please share some of what you are doing in retirement:**

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***Mail this form and your check for \$10.00, payable to RFSA, to Gail Simmons, RFSA Membership Chair, 4615 San Vicente Ave., Atascadero, CA 93422***

***Thank you!***